

FILED MAY 1 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

14589

1910

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>1</u> MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salina</u>		<u>8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Beverly Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>505 W. Iron</u>			
3. NAME OF DECEASED (Type or Print) <u>Leslie</u>		a. (First) <u>D.</u> b. (Middle) <u>Wilson</u>		c. (Last) <u>Wilson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1953</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Divorced 3</u>		8. DATE OF BIRTH <u>Oct. 10, 1898</u>	
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet Metal Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Globe Sheet Metal</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Salina Carroll Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Amy Castle</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-10-4220</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Goldie Skiles 3340 Tracy</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (Right Lobe)</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anemia</u> DUE TO (c) <u>Carcinoma (Stomach)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H90X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY; TOWN; OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar 8</u> , 19 <u>53</u> , to <u>Apr 8</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Apr 8</u> , 19 <u>53</u> and that death occurred at <u>—</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James T. Ferguson</u> Degree or title <u>MD</u>				23b. ADDRESS <u>410 Bryan Blvd</u>		23c. DATE SIGNED <u>4/9/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Mound</u>		24d. LOCATION (City, town, or county) (State) <u>Tina, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-9-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Funeral Home</u>		ADDRESS <u>K. C. Mo.</u>	

(Licensed Embalmers' Statements on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3110

P. O. Address K. C. Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.